

Technology Transfer Assistance Grant Program Final Report TTAG-F-02	September 27, 2000
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Date of Final Report Submission: _____

Technology Resource Provider: _____

Client's Name: _____

Address: _____

Detailed Description of Project Findings: _____

Projected Impact for Client: _____

Does client need additional resources as a result
of solution implemented (If Yes, please explain):

Yes

No

TTAG funding was invested according to budget submitted:
(If No, please explain)

Yes

No

Actual number of hours required to complete project: _____

Client was satisfied with project:
(If No, please explain.)

Yes

No

(Client's Signature is required)